

## FEE TRANSMITTAL

Electronic Version v08

Stylesheet Version v08.0

<b>Title of Invention</b>	Shaped Chip-Type Snack																																
Application Number : Date : First Named Applicant: Charles C. Romaniuk Attorney Docket Number: P-007																																	
<b>TOTAL FEE AUTHORIZED \$ 412</b>  Patent fees are subject to annual revisions on or about October 1st of each year.																																	
Filing as small entity  BASIC FILING FEE <table border="1"><thead><tr><th>Fee Description</th><th>Fee Code</th><th>Amount \$</th><th>Fee Paid \$</th></tr></thead><tbody><tr><td>Utility Filing Fee</td><td>2001</td><td>385</td><td>385</td></tr><tr><td colspan="4">Subtotal For Basic Filing Fees: \$ 385</td></tr></tbody></table> EXTRA CLAIM FEES <table border="1"><thead><tr><th>Fee Description</th><th>Extra Claim</th><th>Fee Code</th><th>Amount \$</th><th>Fee Paid \$</th></tr></thead><tbody><tr><td>Total Claims : 23</td><td>3</td><td>2202</td><td>9</td><td>27</td></tr><tr><td>Independent Claims : 3</td><td>0</td><td>2201</td><td>43</td><td>0</td></tr><tr><td colspan="5">Subtotal For Extra Claims Fees: \$ 27</td></tr></tbody></table>		Fee Description	Fee Code	Amount \$	Fee Paid \$	Utility Filing Fee	2001	385	385	Subtotal For Basic Filing Fees: \$ 385				Fee Description	Extra Claim	Fee Code	Amount \$	Fee Paid \$	Total Claims : 23	3	2202	9	27	Independent Claims : 3	0	2201	43	0	Subtotal For Extra Claims Fees: \$ 27				
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<b>AUTHORIZED BILLING INFORMATION</b> <b>The commissioner is hereby authorized to charge indicated fees and credit any overpayments to:</b>  Credit account number: 6256 Expiration Date (YYYYMMDD): 2005-12-31 Authorized name: Charles C Romaniuk Billing address: 91376																																	